FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

	OMB APPROVAL							
OMB Number: 3235-0076								
	Expires: May 31, 2005							
	Estimated average burden							
	hours per response 16.00							

SEC USE ONLY								
Prefix	Serial							
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DATE RECEIVED								
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-			1.5
Name of Offering (check if this is an ar	mendment and name has changed, and indica	ite change.)	. * . *\.
Hampshire Partners Fund VI, L.P.			
Filing Under (Check box(es) that apply):	Rule 504 Rule 505 Rule 506	Section 4(6) ULOE	ED CO
Type of Filing: New Filing Amend	dment		
	A. BASIC IDENTIFICATION I	DATA	Jan 1 10 6 200 11
1. Enter the information requested about the	issuer		JAN UO LAN
Name of Issuer (check if this is an ame	ndment and name has changed, and indicate	change.)	
Hampshire Partners Fund VI, L.P.			The state of the s
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including	Area Code) 1/94
15 Maple Avenue, Morristown, NJ 07960		(973)734-4242	
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including	Area Codè)
(if different from Executive Offices)			
Brief Description of Business: To operate	as a private real estate investment partnei	ship.	
Type of Business Organization			
<u> </u>	limited partnership, already formed	Other (please spe	CESSEU
=== · =	limited partnership, to be formed	other (piease spe	*PROCESSED
	Month Year		THE OF SUITE
Actual or Estimated Date of Incorporation of			JAN 07 2004
	n: (Enter two-letter U.S. Postal Service abbre		• • •
Jurisdiction of Incorporation of Organizatio	·		THOMSON FINANCIAL
	CN for Canada; FN for other foreign juri	sdiction)	E THE

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6/02) 1 of 5



2. Enter the information requested for the following:								
• Each promoter of the issuer, if the issuer has been organized wi	thin the past five years:							
· · · · · · · · · · · · · · · · · · ·	lirect the vote or disposition of, 10% or more of a class of equity securities							
of the issuer;								
• Each executive officer and director of corporate issuers and of c	corporate general and managing partners of partnership issuers; and							
• Each general and managing partner of partnership issuers.								
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer ☐ Director ☐ General and/or Managing Partner							
Full Name (Last name first, if individual)								
Hampshire Partners LLC								
Business or Residence Address (Number and Street, City, State, Zip C	nde)							
15 Maple Avenue, Morristown, NJ 07960	••••							
	Managing Member of □ Director □ Managing Partner							
	Hampshire Partners LLC							
Full Name (Last name first, if individual)								
Hanson, Jon F.								
Business or Residence Address (Number and Street, City, State, Zip C	ode)							
15 Maple Avenue, Morristown, NJ 07960								
Check Box(es) that Apply: Promoter Beneficial Owner	Managing Member of ☐ Director ☐ Managing Partner Hampshire Partners LLC							
Full Name (Last name first, if individual)								
Hanson, James E., II								
Business or Residence Address (Number and Street, City, State, Zip C	ode)							
15 Maple Avenue, Morristown, NJ 07960								
Check Box(es) that Apply: Promoter Beneficial Owner	Managing Member of ☐ Director ☐ Managing Partner Hampshire Partners LLC							
Full Name (Last name first, if individual) Scully, William								
Business or Residence Address (Number and Street, City, State, Zip C	ode)							
15 Maple Avenue, Morristown, NJ 07960								
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Managing Member of ☐ Director ☐ Managing Partner Hampshire Partners LLC							
Full Name (Last name first, if individual)								
Feinstein, Norman								
Business or Residence Address (Number and Street, City, State, Zip C	ode)							
15 Maple Avenue, Morristown, NJ 07960								
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer Director Partner							
Full Name (Last name first, if individual)								
California Public Employees' Retirement System								
Business or Residence Address (Number and Street, City, State, Zip C	ode)							
400 P Street, Suite 3492, Sacramento, CA 95814								
	Executive Officer Director Partner							
Full Name (Last name first, if individual)								
Northwestern Mutual Life Insurance Co.	ada)							
Business or Residence Address (Number and Street, City, State, Zip C 720 E. Wisconsin Ave., Milwaukee, WI 53202	ode)							
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	Executive Officer Director Partner							
Full Name (Last name first, if individual)								
Hampshire Partners REIT VI, Inc.								
Business or Residence Address (Number and Street, City, State, Zip C	ode)							
15 Maple Avenue, Morristown, NJ 07960								
(Headblank about an appropriate and	litional conies of this sheet, as necessary)							

A. BASIC IDENTIFICATION DATA

Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				B. II	NFORMAT	TION ABO	UT OFFEI	RING		1				
1. Has the	issuer sold	, or does the	e issuer inte Answ					•			Yes	No ⊠		
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?									\$3 000	000*				
			he General					********************************			\$3,000,000			
,											Yes	No		
3. Does the offering permit joint ownership of a single unit?								\boxtimes						
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.														
	(Last name		ividual)											
1 riton Pac	cific Capita	I, LLC												
		•	Number and Suite 2910,		•	,		٠						
2029	Century P	ark East,	Suite 2910,	Los Angei	es, CA 9000	0 /								
Name of A	ssociated B	roker or De	ealer											
States in W	hich Person	n Listed Ha	s Solicited o	or Intends to	o Solicit Pu	rchasers								
			lividual Stat									All States		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Name	(Last name	first, if ind	ividual)											
Business o	r Residence	Address (N	Number and	Street, City	y, State, Zip	Code)								
Name of A	ssociated B	roker or De	ealer							· · · · · · · · · · · · · · · · · · ·				
Name of A	issociated D	TOKET OF DE	Jaici											
Ctataa in X	N-1-1-D	- T :-4- J TT-	- C-1:-:d	Tutou do t	- Caliait Du									
			s Solicited of lividual Stat									All States		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NЛ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Name	(Last name	first, if ind	lividual)					1			····			
	(,,	,											
Pusiness o	r Dasidanca	Address	Number and	Street Cit	y State Zin	(Code)								
Dusiness o	i Residence	Address (1	varrioer and	Succi, Cit	y, otate, zip	Code								
Name of A	ssociated B	roker or De	ealer											
						- 				-				
			s Solicited									☐ A11 C4-4		
•			dividual Stat				ניסמו)	[DC]	ייייין		[HI]	. All States [ID]		
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	· [PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[wv]	[WI]	[WY]	[PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

•	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt	\$_		<u>\$</u>
	Equity	\$	•	<u>\$</u>
	Common Preferred	_		
	Convertible Securities (including warrants)	<u>\$</u>		<u>\$</u>
	Partnership Interests	\$ 200,000,000		<u>\$ 110,000,000</u>
	Other (Specify)	<u>\$</u>		<u>\$</u>
	TotalAnswer also in Appendix, Column 3, if filing under ULOE.	\$ 200,000,000		<u>\$ 110,000,000</u>
·	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Aggregate
		Number Investors		Dollar Amount of Purchases
	Accredited Investors			\$ 110,000,000
	Non-accredited Investors			<u>\$</u>
	Total (for filings under Rule 504 only)	•		· ·
	Answer also in Appendix, Column 4, if filing under ULOE.			
١.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.			
	Type of offering	Type of Security		Dollar Amount Sold
	Rule 505			
	Regulation A			
	Rule 504			
	Total			
١.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			<u>\$</u>
	Printing and Engraving Costs			<u>\$</u>
	Legal Fees			<u>\$_</u>
	Accounting Fees			· <u>\$</u>
	Engineering Fees			<u>\$</u>
	Sales Commissions (specify finders' fees separately)			_ \$ *
	Other Expenses (identify) management fees, organization and offering expenses		\boxtimes	\$ 30,000,000
	Total		\boxtimes	\$ 30,000,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

* All Placement Agent Fees paid by the Partnership will be credited against management fees owed to the investment manager and thus will not act as a reduction of Partnership capital.

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	C. OFFERING PRICE, NUMBER OF INV	ESTORS, EXPENSES AN	VD U	SE O	F PRO	CEEDS			
	b. Enter the difference between the aggregate offering price given in and total expenses furnished in response to Part C - Question 4.a. This proceeds to the issuer."	s difference is the "adjusted	gross					<u>\$ 17</u>	<u>70,000,000</u>
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used the purposes shown. If the amount for any purpose is not known, furnish a left of the estimate. The total of the payments listed must equal the adjust forth in response to Part C - Question 4.b above.	in estimate and check the box	to the	:					
	forth in response to 1 art C - Question 4.0 above.			I	ayment	s to			
				Ψ.	Officer				.
				1	Directors Affiliat	-		1	Payments to Others
	Salaries and fees			\$				\$	0 11.010
	Purchase of real estate			\$				_	70,000,000
				_			_		70,000,000
	Purchase, rental or leasing and installation of machinery and equip			_				<u>\$</u>	
	Construction or leasing of plant buildings and facilities		Ш	<u>\$</u> _				<u>\$</u>	
	Acquisition of other business (including the value of securities involved offering that may be used in exchange for the assets or securities of								
	issuer pursuant to a merger)		$\overline{}$	Φ			_	Φ	
			_	<u>\$</u>				<u>\$</u>	
	Repayment of indebtedness			<u>\$</u>				<u>\$</u> _	
	Working capital			<u>\$</u>				<u>\$</u>	
	Other (specify):			<u>\$</u> _				<u>\$</u>	
	Column Totals			e			\boxtimes	¢ 43	70 000 000
							_		70,000,000
	Total Payments Listed (column totals added)			Ļ	⊠ _:	<u>\$ 170,0</u>	00,0	000	
	D. FEDERAL	SIGNATURE			i				
sig	ne issuer has duly caused this notice to be signed by the undersigned dul gnature constitutes an undertaking by the issuer to furnish to the U.S. Se formation furnished by the issuer to any non-accredited investor pursuant	ecurities and Exchange Com	miss						
SS	suer (Print or Type) Signature 1				Date				
	ampshire Partners Fund VI, L.P.				12	Í .	003		
Na	ame of Signer (Print or Type) Title of Signer (Print	· - ·							
	James E. Lawen II Managing Member	r of Hampshire Partners Ll	LC, C	ener	al Partn	er			